Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2300AGC	A. BUILDING _____ B. WING _____	09/22/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HOME CARE OF NV	3856 JEWEL AVE. LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 9/22/09, the facility failed to ensure 1 of 3 caregivers met background	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 check requirements (Employee #3). Severity: 2 Scope: 2	Y 105		
Y 172 SS=D	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation on 9/22/09, the facility failed to ensure that outside garbage containers were covered. Severity: 2 Scope: 1	Y 172		
Y 180 SS=D	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation on 9/22/09, the facility	Y 180		

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Y 180	Continued From page 2 failed to ensure that emergency lighting was operational. Severity: 2 Scope: 1	Y 180		
Y 895 SS=E	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 9/22/09, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 6 residents (Resident #1, MAR shows daily administering of Alendronate when weekly administration	Y 895		

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Y 895	Continued From page 3 specified and Resident #4, Exelon discontinued and discarded per Employee #2 on 9/8/09 yet MAR shows administration through 9/21/09). Severity: 2 Scope: 2	Y 895		
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review and interview on 9/22/09, the facility did not provide proper documentation regarding a resident who had been discharged (No discharge files on premises). Severity: 1 Scope: 1	Y 944		